

Application for Vital Records

CUSTER COUNTY ROD
420 MT RUSHMORE RD
CUSTER SD 57730
605-673-8171

B I R T H R E C O R D	FIRST NAME		MIDDLE NAME	LAST NAME
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	CITY AND/OR COUNTY OF BIRTH
	MOTHER'S FIRST NAME		MIDDLE NAME	MAIDEN NAME/NAME PRIOR TO FIRST MARRIAGE
	FATHER'S FIRST NAME		MIDDLE NAME	LAST NAME
TYPE OF COPY			RELATIONSHIP - This area must be completed to receive a certified copy	
<input type="checkbox"/> Certified <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions			<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Current Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Parent <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right <input type="checkbox"/> Record over 100 years	

M A R R I A G E	SPOUSE'S FIRST NAME		MIDDLE NAME	LAST NAME PRIOR TO MARRIAGE
	SPOUSE'S FIRST NAME		MIDDLE NAME	LAST NAME PRIOR TO MARRIAGE
	# OF COPIES (\$15 per copy)	DATE OF MARRIAGE		CITY AND/OR COUNTY OF MARRIAGE
TYPE OF COPY			RELATIONSHIP - This area must be completed to receive a certified copy	
<input type="checkbox"/> Certified <input type="checkbox"/> Informational <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions			<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Current Spouse <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Parent <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right	

D E E A T H R E C O R D	FIRST NAME		MIDDLE NAME	LAST NAME	STATE FILE NUMBER
	# OF COPIES (\$15 per copy)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF DEATH	CITY AND/OR COUNTY OF DEATH	
TYPE OF COPY			RELATIONSHIP - This area must be completed to receive a certified copy		
<input type="checkbox"/> Certified <input type="checkbox"/> Informational <input type="checkbox"/> Certified Photostatic <input type="checkbox"/> Informational Photostatic -See Eligibility in the instructions			<input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Grandparent, grandchild over 18 or sibling only <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Designated Agent (Please complete section 4) <input type="checkbox"/> Funeral Director, Attorney or Physician <input type="checkbox"/> Personal or Property Right		

When submitting this form enclose a copy of your drivers license or have form notarized.

C U S T O M E R	CUSTOMER'S FULL NAME				
	STREET ADDRESS (if your mailing address is a PO Box, please include your street address of residence)				
	CITY	STATE	ZIP	PHONE NUMBER ()	
	I understand that by signing this application, the information that I provide is accurate to the best of my knowledge. CUSTOMER'S SIGNATURE: _____ Today's Date: _____				